



MONTHLY CERTIFICATION OF FLIGHT TRAINING

PRIVACY ACT INFORMATION: No benefit payments may be authorized to a student pursuing a program of flight training unless this form is completed and submitted to VA as required by law (38 U.S.C. 3680(g)). The information submitted on this form will be used to determine your eligibility to receive payments and to compute the amount to be paid. The responses you submit are considered confidential. (38 U.S.C. 5701) They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

IMPORTANT: Read instructions on reverse before completing this form.

1. FIRST - MIDDLE - LAST NAME OF STUDENT	2. FILE NUMBER	3. REPORTING PERIOD	
		A. BEGINNING DATE	B. ENDING DATE
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record)		5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD, GIVE DATE (State reason in Item 12)	
		6. NAME OF CURRENT COURSE	

7. FLIGHT INSTRUCTION FURNISHED FOR CURRENT COURSE DURING REPORTING PERIOD

A. TYPE OF INSTRUCTION	B. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT
			\$	\$
8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD				\$
8B. STATE AND LOCAL SALES TAXES (If applicable)				\$
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD				\$
9. TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD				\$

10. SUMMARY OF TOTAL HOURS IN COURSE THROUGH END OF REPORTING PERIOD

TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE
A. DUAL			D. GROUND		
B. SOLO			E. OTHER		
C. PRE-FLIGHT AND POSTFLIGHT					

11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN	11B. DATE OF LAST EXAMINATION
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12. REMARKS (Indicate any substitution, flight test or variance from approved course)

CERTIFICATION: WE CERTIFY THAT the above entries are true and correct.

13A. SIGNATURE OF STUDENT	13B. DATE SIGNED	14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL	14B. DATE SIGNED
15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code)		16. VA OFFICE HAVING STUDENT'S RECORDS	

INSTRUCTIONS FOR STUDENTS

1. You and the school should complete this form after the last day of the month unless you interrupt or complete your course before the end of the month.
2. VA cannot release your check until we receive this form with all items completed. Prompt return of this form will result in early release of your payment.
3. Check all entries to be sure they are correct. Errors or omissions can delay payment.

INSTRUCTIONS FOR FLIGHT SCHOOL OPERATORS

1. You will expedite the student's payments by sending these certifications to the appropriate VA Regional Office. These certifications are due to VA as early as possible after the end of the month in order to effect prompt payments.
2. Item 3: Show the beginning and ending dates for the reporting period during which the student received training.
3. Item 6: Show the name of the course the student is pursuing. If the student completes or interrupts the course for any reason, enter the date in Item 5, and the reason in Item 12.
4. Item 7: Report each type of instruction separately, as shown in the example below. Flight time should be reported in accordance with Part 1.1 of FAR 1, i.e., from the moment power is applied for the purpose of flight until the time the plane lands and taxis to a final rest.

A. TYPE OF INSTRUCTION	B. HORSEPOWER	C. HOURS	D. RATE	E. AMOUNT
GROUND SCHOOL		4.0	\$ 8.00	\$ 32.00
PRE-FLIGHT/POSTFLIGHT		1.5	10.00	15.00
SOLO	100	2.0	25.00	50.00
DUAL	150	3.0	40.00	120.00
FLIGHT TRAINING DEVICE		2.0	10.00	20.00

5. Item 8: Report the total charges for instruction given during the reporting period shown in Item 3.
6. Item 9: Report the total charges incurred from the beginning of the course through the end of the current reporting period. If student enrolls in a new flight course during the period, separate certifications must be submitted for both courses.
7. Item 10: Report the maximum hours approved and the cumulative hours completed for each type of instruction through the end of the current reporting period. NOTE: Flight instruction in any category, including type of aircraft, may not exceed the approved maximum hours.
8. Item 11: Show the class of medical certificate currently held by the student and the physical examination date upon which it is based. Payment will not be made on the basis of this Monthly Certification unless you complete Item 11. The student must have a private pilot's license and meet these medical requirements: Class I for an Airline Transport Pilot course; class II for all other courses, as of the date that he or she begins a course of flight training. The student must meet these requirements at the beginning of each flight course.
9. Item 12: Report any substitution, flight test, or variance from the student's approved course, or any change in enrollment and training status. Examples of such changes are the student substitutes an aircraft not approved for the course or the student's conduct or progress was unsatisfactory.

CAUTION: Willful submission of false information may result in fine or imprisonment or both.